Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Morgan R Padgett	08 13 2014
Mailing Address 2164 Kay Rd	Amount
004	00.00
City State Zip Code Greenville NC 27858	20.00 Transaction ID : 323c537f-f803-4f04-9
	Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 234531.81 Disbut 2014	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Chick-Fil-A	08
Mailing Address Unknown	06 13 2014
G.M.Co.m.	Amount
City State Zip Code	6.24
Lynchburg VA 24501	Transaction ID: 95058a51-9e51-422b-9 Date of Disbursement or Obligation
Purpose of Expenditure Category/ 007	M M / D D / Y Y Y
Food Type 007	08 13 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
	ursement For: Primary X General
Per Election for Office Sought 234531.81 2014	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	26.24
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	• • • • • • • • • • • • • • • • • • • •
	8 15 2014
Signature	

Schedule E)	INI EXPEND	DITORES	<u> </u>	PAGE 2 OF 78 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				NTIFICATION NUMBER ▼
Women Speak Out PAC				00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	Distribution/Dissemination
Ky Broussard			08	13 / 2014
Mailing Address 301 N Cedar Street			Amount	
City	State	Zip Code		20.00
Abbeville	LA	70510		: c13e00f1-664d-4526-b ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		94906.66	Disbursement For: 2014 Other (spec	Primary X General
Full Name of Payee			Date of Public I	Distribution/Dissemination
Ky Broussard			08	13 / 2014
Mailing Address 301 N Cedar Street			Amount	
City	State	Zip Code		18.00
Abbeville	LA	70510		3bd03444-bbc2-4b6e-b ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		94906.66	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures			38.00
(b) SUBTOTAL of Uniternized Independent Exper	nditures			
(a) action is of the mapped and the period in the period i				49
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorize			
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 / 15	2014
3. 3				

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	i on Man / Dab / Yayaya
Full Name of Payee Gabriella E Hansen	Date of Public Distribution/Dissemination
	08 / 13 / 2014
Mailing Address 310 West Meath Drive	Amount
City State Zip Code	20.00
Winterville NC 28590	Transaction ID: 4d0aefc0-14ad-4d58-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disb	ursement For: Primary ⊠ General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Gabriella E Hansen	08 13 2014
Mailing Address 310 West Meath Drive	Amount
City State Zip Code	14.40
Winterville NC 28590	Transaction ID : 73da1a06-7c3a-4b58-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08 / 13 / 2014
Name of Federal Candidate Support Offic	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disb 234531.81	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	34.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	INI EXI END	TIONES	<u> </u>	PAGE 4 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D D / Y Y Y Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Casey Stockton			M M /	13 / 2014
Mailing Address 105 South Dale St			Amount	
City	State	Zip Code		70.00
Spruce Pine	NC	28777		: a3d095ed-af4d-4f2b-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 /	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	.,,	234531.81	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Mary Johnson			08	13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 105 South Dale St			Amount	
City	State	Zip Code		70.00
Spruce Pine	NC	28777		: 6d74c758-5497-49a3-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 /	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	234531.81	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expendi	tures		·	140.00
#\\ QUIDTOT!			1 1 7	
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•	
(c) TOTAL Independent Expenditures			>	7 7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canoparty committee) any political party committee or	lidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 15	2014
. 😈				

Schedule E)	PAGE 5 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed of	on
Full Name of Payee Anthony Buchanan	Date of Public Distribution/Dissemination
Mailing Address 1090 McHone Rd	08 13 2014 Amount
	70.00
	70.00 Transaction ID : 33c4893e-a4d9-438d-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 13 / Y 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms Kay Hagan	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disburs 234531.81 Disburs 2014	sement For:
Full Name of Payee Anthony Buchanan	Date of Public Distribution/Dissemination
Mailing Address 1090 McHone Rd	08 13 2014 Amount
City State Zip Code	23.10
2011	Transaction ID : e7c70aa9-5b62-439d-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08 / 13 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbur 2014	rsement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	93.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date Signature	

Schedule E)	PAGE 6 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New	ew report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Lorri Anderson	Date of Public Distribution/Dissernmation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7214 Duchamp Dr	Amount
City State	Zip Code 40.00
Charlotte NC	23215 Transaction ID : b4d2d00e-b06a-4275-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 08 / 13 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Lorri Anderson	08 / 13 / 2014
Mailing Address 7214 Duchamp Dr	Amount
City State	Zip Code 8.40
Charlotte NC	23215 Transaction ID: 9855d808-68bd-47aa-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 08 / 13 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 234531.81 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	48.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
	7 7 7
(c) TOTAL Independent Expenditures	• • • • • • • • • • • • • • • • • • •
	ditures reported herein were not made in cooperation, consultation, or concert torized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan [Ela	lectronically Filed] Date 08 15 2014
Signature	3 Date 00 10 2011

Schedule E)	LIVI LXI LIVL	TI OTILO	PAGE FOR SE	7 OF 78 OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICA	ATION NUMBER ▼
Women Speak Out PAC			C C0053076	66
Check if 24-hour report X 48-hour report	X New re	port Amends repo	t filed on	/ Y = Y = Y = Y
Full Name of Payee			Date of Public Distribut	ion/Dissemination
Mr. Haley Brown			08 / D D D D D D D D D D D D D D D D D D	2014
Mailing Address 344 Natalie Drive			Amount	
City	State	Zip Code		10.00
Winston-Salem	NC	27030	Transaction ID : 1b544 Date of Disbursement of	
Purpose of Expenditure Salary		Category/ Type 001	08 / 13	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
Ms. Kay Hagan		Oppose	President Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought		234531.81	Disbursement For: Prim 2014 Other (specify) ▶	ary X General
Full Name of Payee			Date of Public Distribut	ion/Dissemination
Mr. Haley Brown			08 / 13	2014
Mailing Address 344 Natalie Drive			Amount	
City	State	Zip Code		1.80
Winston-Salem	NC	27030	Transaction ID : 27b168 Date of Disbursement	
Purpose of Expenditure Mileage		Category/ Type 002	08 / 13	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
Ms. Kay Hagan		X Oppose	President Senate	
Calendar Year-To-Date Per Election for Office Sought	7	234531.81	Disbursement For: Prim 2014 Other (specify) ▶	nary X General
(a) SUBTOTAL of Itemized Independent Expendent	litures			11.80
(b) SUBTOTAL of Unitemized Independent Expe	enditures		>	,
(c) TOTAL Independent Expenditures			>	95.
Under penalty of perjury I certify that the indeposition of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date		Y Y Y 2014
•				

Schedule E)	DENT EXPEND	TIONES		PAGE 8 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	D = D / Y = Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Gina Martin			08	13 / 2014
Mailing Address 1115 Oakwood Dr			Amount	
City	State	Zip Code		25.00
Belmont	NC	28012		D: 44bac7e0-3e41-48ee-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M M /	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	,	234531.81	Disbursement For: 2014 Other (sp	Primary X General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
Shannon E Downey			08	13 / 2014
Mailing Address 112 Brookhollow Drive			Amount	
City	State	Zip Code		25.00
Mount Holly	NC	28120		0: 920b0bea-54df-4206-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 /	13 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		234531.81	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures			50.00
			-	7 7
(b) SUBTOTAL of Unitemized Independent Exp	penditures		•	7 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 15	2014
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Schedule E)		DENT EXILID	II OILO		PAGE 9 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE					FEC IDENTIFICATION NUMBER ▼
Women Speak	Out PAC				C C00530766
					M / D D / Y Y Y Y
Check if 24-hour re	eport 🔀 48-hour repor	t New rep	oort Amends repo	ort filed on	
Full Name of Payer Shannon E D					of Public Distribution/Dissemination
Mailing Address 11					08 / 13 / 2014
1	2 Brookhollow Drive			Amou	nt
City		State	Zip Code		1.80
Mount Holly		NC	28120		action ID: 80d1bfad-3cbc-46f0-8 of Disbursement or Obligation
Purpose of Expendi Mileage	ture		Category/ Type 002	N	08
Name of Federal C	andidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan			X Oppose	Preside	ent Senate State: NC
Calendar Year- Per Election fo	To-Date r Office Sought		234531.81	Disbursemen 2014 O	t For: Primary General ther (specify) ▶
Full Name of Payer				Date	of Public Distribution/Dissemination
Laura U Logie	•				08 13 2014
Mailing Address	2565 Shire Circle				00 10 2011
				Amou	nt
City		State	Zip Code		22.50
Harrisonburg		VA	22801	Transa Date	oction ID: 385f2a3e-d426-453a-b of Disbursement or Obligation
Purpose of Expend Salary	iture		Category/ Type 001		08 / 13 / 2014
Name of Federal C	andidate		Support	Office Sough	it: House District: 00
Ms. Kay Hagan			X Oppose	Preside	ent Senate State: NC
Calendar Year- Per Election fo	To-Date or Office Sought		234531.81	Disbursemer 2014	nt For:
•					
(a) SUBTOTAL of It	emized Independent Expe	nditures			24.30
(b) SUBTOTAL of U	nitemized Independent Ex	penditures		· •	7 1 7 1 7
(c) TOTAL Independ	lent Expenditures			•	7
with, or at the reques		andidate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emi	ly Buchanan	[Electron	nically Filed] Date	e 08	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature					

Schedule E)		DITONES	PAGE 10 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee Julie Clifton			Date of Public Distribution/Dissemination
Mailing Address 712 St. Martin Lane			08 / 13 / 2014
			Amount
City	State	Zip Code	13.00
Bossier City	LA	71111	Transaction ID: 94627031-419e-440f-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 13 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		94906.66	Disbursement For: Primary General General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Julie Clifton			08 13 2014
Mailing Address 712 St. Martin Lane			Amount
City	State	Zip Code	3.60
Bossier City	LA	71111	Transaction ID : fa1d3b95-cb26-4ba9-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 13 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		94906.66	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		. ▶ 16.60
(b) SUBTOTAL of Unitemized Independent Expe	anditures		
(b) SOBTOTAL OF Officeringed independent Expe	maitares		
(c) TOTAL Independent Expenditures			
	didate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	08 15 7 2014
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,						FOR SE OF	FORM 24/48
NAME OF COMMITTEE (In Full)					FEC II	DENTIFICATIO	N NUMBER ▼
Women Speak Out PAC					С	C00530766	
Check if 24-hour report X 48-hour report	New rep	ort Ame	nds repor		= M	/ D = D /	Y = Y = Y = Y
Full Name of Payee				Date	of Publi	c Distribution/l	Dissemination
Karl L Starns				IV	08	13	2014
Mailing Address 4120 Bon Aire Dr				Amou	nt		
Apt 6307							
City Monroe	State LA	Zip Code 71212				ID : e551085b ursement or O	
Purpose of Expenditure Salary		Category/ Type	001		08 ^M	13	2014
Name of Federal Candidate		Su	upport	Office Sough	t:	House I	District: 00
Ms. Mary L Landrieu		X o	opose	Preside	ent]	X Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	94906.66		Disbursemen 2014 O		Primary pecify) ▶	X General
Full Name of Payee Karl L Starns			<u> </u>	Date		ic Distribution/	Dissemination 2014
Mailing Address 4120 Bon Aire Dr Apt 6307				Amou	ınt		
City	State	Zip Code		─ I :			74.70
Monroe	LA	71212				D : 89102c14 - ursement or C	
Purpose of Expenditure Mileage		Category/ Type	002		08 80	13	2014
Name of Federal Candidate		Sı	upport	Office Sough	nt:	House	District: 00
Ms. Mary L Landrieu		X o	ppose	Presid	ent	X Senate	State:LA
Calendar Year-To-Date Per Election for Office Sought	7 7	94906.66		Disbursemer 2014		Primary	General
(a) SUBTOTAL of Itemized Independent Expenditure	es			.		7	114.70
(b) SUBTOTAL of Unitemized Independent Expendit	ures			•		7	
(c) TOTAL Independent Expenditures				-			
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized						
Ms. Emily Buchanan Signature	[Electron	ically Filed]	Date	M M /	15	/ Y Y 201	
Signaturo							

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Schedule E)	LIVI EXI END	TIONES	PAGE 12 FOR SE OF FO	OF 78 RM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION	NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on	YYY
Full Name of Payee			Date of Public Distribution/Diss	emination
David Ford			08 / 13 / Y	2014
Mailing Address 106 Hillside St			Amount	
City	State	Zip Code		80.00
Spindale	NC	28160	Transaction ID: 9843807d-bf9 Date of Disbursement or Oblig	
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y	2014
Name of Federal Candidate		Support	Office Sought: House Dist	rict:00
Ms. Kay Hagan		X Oppose		ate: NC
Calendar Year-To-Date Per Election for Office Sought		234531.81	Disbursement For: Primary 2014 Other (specify) ▶	X General
Full Name of Payee			Date of Public Distribution/Diss	semination
David Ford			08 / D D / Y	2014
Mailing Address 106 Hillside St			Amount	
City	State	Zip Code		69.96
Spindale	NC	28160	Transaction ID : 044277ee-b10 Date of Disbursement or Oblig	
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y	2014
Name of Federal Candidate		Support	Office Sought: House Dist	rict:00
Ms. Kay Hagan		X Oppose		ate: NC
Calendar Year-To-Date Per Election for Office Sought		234531.81	Disbursement For: Primary 2014 Other (specify) ▶	X General
(a) SUBTOTAL of Itemized Independent Expend	itures			149.96
			7 7	-
(b) SUBTOTAL of Unitemized Independent Expe	enditures		>	-
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y

Schedule E)	DENT EXTEND	ITORES	PAGE 13 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Office Depot			08 / 13 / 2014
Mailing Address 6401 Blue Bonnet Blvd			Amount
City	State	Zip Code	239.73
Baton Rouge	LA	70801	Transaction ID : 634d25f6-3c0b-4eb3-a Date of Disbursement or Obligation
Purpose of Expenditure can_off		Category/ Type 006	08 / 13 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		234531.81	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Virginia M Stevens			08 13 2014
Mailing Address 1691 Fork Mtn Rd			Amount
City	State	Zip Code	50.00
Bakersville	NC	28705	Transaction ID: ac8e996e-c774-4a1a-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 13 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		234531.81	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		. ▶ 289.73
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	penditures		>
(c) TOTAL Independent Expenditures			
	ndidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3			

Schedule E)		PAGE 14 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report Ne	ew report Amends report file	d on Man / Dab / Yayaya
Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination
Mailing Address 1691 Fork Mtn Rd		08
		Amount
City State	Zip Code	23.40
Bakersville NC	28705	Transaction ID: e9c50978-a0ef-4271-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	08 / 13 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	234531.81 Dist	oursement For: Primary General Other (specify)
Full Name of Payee	ı	Date of Public Distribution/Dissemination
Malinda Ledford		08 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 44 Bell Street Ext		08
		Amount
City State	Zip Code	50.00
Spruce Pine NC	28777	Transaction ID : f1ca55b7-5fdd-4e20-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 13 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Kay Hagan	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	234531.81 Disl 201	bursement For: Primary ☐ General Other (specify) ▶
•		
(a) SUBTOTAL of Itemized Independent Expenditures	····	73.40
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expensivith, or at the request or suggestion of, any candidate or authority committee) any political party committee or its agent.		
Ms. Emily Buchanan	Electronically Filed] Date	08 15 2014
Signature		

Schedule E)	DENT EXICIO	TIONES	PAGE 15 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on
Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination
Mailing Address 44 Bell Street Ext			08 13 2014
			Amount
City	State	Zip Code	23.40
Spruce Pine	NC	28777	Transaction ID: f5ca3725-0f67-46cc-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 13 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	,,,,	234531.81	Disbursement For: Primary General 2014
Full Name of Payee			Date of Public Distribution/Dissemination
Danelle M Hallenbeck			08 13 2014
Mailing Address 2103 Millcroft Rd			Amount
City	State	Zip Code	10.00
Pleasant Garden	NC	27313	Transaction ID : 9351cdd5-eee5-4849-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		234531.81	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		33.40
.,			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		· -
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5.g. (a.a.)			

Schedule E)		100111 071 0110	1101120		PAGE 16 OF 78 FOR SE OF FORM 24/48
NAME OF COMMIT	,				FEC IDENTIFICATION NUMBER ▼
Women Spea	ak Out PAC				C C00530766
Check if 24-hou	ır report X 48-hour rep	ort X New repo	ort Amends repo	ort filed on	M / D D / Y T Y T Y
		OLL New John	Off Afficing repo	ort filed off	
Full Name of Pa Danelle M	_{lyee} Hallenbeck			M	f Public Distribution/Dissemination 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	2103 Millcroft Rd			Amour	nt
City		State	Zip Code		29.40
Pleasant Garde	n 	NC	27313		action ID : 72b5921f-d26b-454b-a f Disbursement or Obligation
Purpose of Expe Mileage	enditure		Category/ Type 002	M	08 / 13 / 2014
Name of Federa	I Candidate		Support	Office Sought	: House District:00
Ms. Kay Hagan			X Oppose	Preside	NO.
Calendar Ye Per Election	ear-To-Date n for Office Sought	2	234531.81	Disbursement 2014 Ot	For: Primary
Full Name of Pa					of Public Distribution/Dissemination
					08 / 13 / 2014
Mailing Address	905 Lake Drive			Amou	nt
City		State	Zip Code		40.00
Shelby		NC	28152	Transa Date o	ction ID : ffa52815-f893-4d0d-a of Disbursement or Obligation
Purpose of Expo Salary	enditure		Category/ Type 001	M	08 / 13 / 2014
Name of Federa	al Candidate		Support	Office Sough	t: House District:00
Ms. Kay Hagan			Oppose	Preside	
	ear-To-Date n for Office Sought		234531.81	Disbursement 2014 Of	t For: Primary X General ther (specify) ►
(a) SUBTOTAL (of Itemized Independent Exp	pandituras			69.40
(u) 002.0	Titoringou masponaon.	70 Talianos			7 7
(b) SUBTOTAL of	of Unitemized Independent I	Expenditures		•	7 7 7
(c) TOTAL Indep	endent Expenditures			•	7
with, or at the red		candidate or authorized			coperation, consultation, or concert he reporting entity is not a political
Ms.	Emily Buchanan	[Electron	ically Filed] Date	M M M /	15 2014
Signature			_		

Schedule E)	PAGE 17 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report Nev	v report Amends report filed on Amends report
Full Name of Payee Nick Berryhill	Date of Public Distribution/Dissemination
Mailing Address 905 Lake Drive	08 13 2014 Amount
City State	Zip Code 31.80
Shelby	28152 Transaction ID : 4dc3deea-c16c-4e05-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X General 2014
Full Name of Payee	Date of Public Distribution/Dissemination
Vonniqua Jackson	08
Mailing Address 111 Westchester Blvd	Amount
Apt D4 City State	Zip Code 80.00
Slidell LA	70458 Transaction ID : e5ad3f3f-edf3-400d-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	94906.66 Disbursement For: ☐ Primary ☐ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	>
	tures reported herein were not made in cooperation, consultation, or concert orized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan [Elec	ctronically Filed] Date 08 / 15 / 2014

Schedule E)	PENT EXICITE	TI OTILO	PAGE 18 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Steven Best			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 103 Washington Ave			Amount
City	State	Zip Code	33.00
Newport	NC	28570	Transaction ID: 7a25f9d1-f2ed-44a6-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 13 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	234531.81	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Steven Best			08 / 13 / 2014
Mailing Address 103 Washington Ave			Amount
City	State	Zip Code	7.71
Newport	NC	28570	Transaction ID : a1c8df11-a68a-47e6-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D D / Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	234531.81	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		40.71
(,,			7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>
(c) TOTAL Independent Expenditures			>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S.g.iataio			

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	DENTIFICATION NUMBER ▼
Women Speak Out PAC	C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
	ublic Distribution/Dissemination
Timothy Foley	13 / 2014
Mailing Address 20679 Glenbrook Terrace Amount	
City State Zip Code	60.00
	on ID: c3fdb4f2-07f7-4357-8 sbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001 08	13 Y 2014
Name of Federal Candidate Support Office Sought:	House District:00
Ms. Kay Hagan	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2014 Other	r: Primary X General (specify) ▶
	ublic Distribution/Dissemination
Kassidy L Tyer	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 41 Hawk Hollow Trail Amount	
City State Zip Code	30.00
	n ID : a5720dff-aa07-4fa7-a sbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	13 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Kay Hagan	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expenditures	90.00
	7
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	7 1 7 1 7 1
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coope with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	

Schedule E)		LIVI LXI LIVO			PAGE 20 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTE					FEC IDENTIFICATION NUMBER ▼
Women Speak	COut PAC				C C00530766
Check if 24-hour	report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y D Y D Y
Full Name of Paye Kassidy L T	yer				of Public Distribution/Dissemination
Mailing Address 2	11 Hawk Hollow Trail				08 13 2014
		21-1-	- 0 1		45.00
City Burgaw		State NC	Zip Code 28425		15.00 action ID: b9cf04d2-2613-47d0-8 of Disbursement or Obligation
Purpose of Expen Mileage	diture		Category/ Type 002	М	08 13 2014
Name of Federal	Candidate		Support	Office Sought	:: House District:00
Ms. Kay Hagan			X Oppose	Preside	
Calendar Yea Per Election	r-To-Date for Office Sought	, , ,	234531.81	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Pay Joseph R R				M	of Public Distribution/Dissemination
Mailing Address	160 #50 Pompano Dr			Amour	
City		State	Zip Code		60.00
New Bern		NC	28560		ction ID : 93171de9-693a-4029-9 of Disbursement or Obligation
Purpose of Exper Salary	nditure		Category/ Type 001		08 / D D / Y Y Y Y Y Y Y
Name of Federal	Candidate		Support	Office Sough	t: House District:00
Ms. Kay Hagan			X Oppose	Preside	
Calendar Yea Per Election	ar-To-Date for Office Sought	.,,	234531.81	Disbursement 2014 Of	t For: Primary ∑ General
(a) SUBTOTAL of	Itemized Independent Expendent	ditures			75.00
(b) SUBTOTAL of	Unitemized Independent Exp	enditures			
(c) TOTAL Indepen	ndent Expenditures			•	
with, or at the requ		ndidate or authorized			ooperation, consultation, or concert he reporting entity is not a political
	nily Buchanan	[Electron	nically Filed] Date	08 /	15 2014
Signature					

Schedule E)	JENT EXILID	TI OTILO		PAGE 21 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	ort filed on	/ D D / Y Y Y Y Y
Full Name of Payee Joseph R Rys			Date of Publ	ic Distribution/Dissemination
Mailing Address 160 #50 Pompano Dr			M 08 Amount	13 2014
			7 1110 3.13	
City	State	Zip Code		5.85
New Bern	NC	28560		ID: 5eab3d3f-8b15-4dd9-b oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	13 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		234531.81	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Anthony Pearson			M M M 08	/ D D / Y Y Y Y Y Y 13 2014
Mailing Address 112 apache Dr				13 2014
			Amount	
City	State	Zip Code		30.00
Search	AR	72149		ID: 990a9af1-748f-4e05-8 pursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 08	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		57151.09	Disbursement For: 2014 Other (s	Primary ⊠ General specify) ►
(a) SUBTOTAL of Itemized Independent Exper	nditures		· •	35.85
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>	
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	08 15	2014
Signature				

Schedu	le E)	IVI EXI EIVE	II OILEO		PAGE 22 OF 78 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	en Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on	M / D D / Y B Y B Y
Full N Ant	ame of Payee hony Pearson				f Public Distribution/Dissemination
Mailin	g Address 112 apache Dr				08 13 2014
000					0.00
City Sear	ch	State AR	Zip Code 72149		3.00 action ID: 912d4b90-5ae5-4648-a f Disbursement or Obligation
Purpo Milea	se of Expenditure ge		Category/ Type 002	М	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name	of Federal Candidate		Support	Office Sought	: House District: 00
Mr. N	lark L Pryor		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	57151.09	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
	lame of Payee Alex Peyton			M	of Public Distribution/Dissemination
Mailin	g Address 859 Hicks Rd			Amour	
City		State	Zip Code		60.00
	hington	LA	70589	Transac Date o	ction ID : 7b57a34f-4a37-41b9-9 If Disbursement or Obligation
Purpo Salai	ose of Expenditure ry		Category/ Type 001		08 / 13 / 2014
Name	e of Federal Candidate		Support	Office Sought	: House District: 00
Ms. N	Mary L Landrieu		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	7	94906.66	Disbursement 2014 Ot	For: Primary X General
(a) SU	BTOTAL of Itemized Independent Expendito	ures		· [63.00
(b) SU	BTOTAL of Unitemized Independent Expen	ditures		· •	
(c) TO	TAL Independent Expenditures			· [7 7 7
with, or	penalty of perjury I certify that the indepen r at the request or suggestion of, any candi ommittee) any political party committee or i	date or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	08	15 2014
Sigr	nature				

Schedule E)	T EXI END	TIONES	PAGE 23 FOR SE OF F	OF 78 ORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION	NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on	/
Full Name of Payee			Date of Public Distribution/Dis	ssemination
Mr. Alex Peyton			08 / 13	2014
Mailing Address 859 Hicks Rd			Amount	
City	State	Zip Code		42.00
Washington	LA	70589	Transaction ID : 1b979411-7 Date of Disbursement or Obl	
Purpose of Expenditure Mileage		Category/ Type 002	08 13	2014
Name of Federal Candidate		Support	Office Sought: House Dis	strict: 00
Ms. Mary L Landrieu		X Oppose	President Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	94906.66	Disbursement For: Primary 2014 Other (specify) ▶	General
Full Name of Payee	_		Date of Public Distribution/Di	ssemination
Carey T Henderson			08 13	2014
Mailing Address 1025 Inverness Rd			Amount	
City	State	Zip Code		90.00
Suthern Pines	NC	28387	Transaction ID : 8c05fb47-25 Date of Disbursement or Ob	
Purpose of Expenditure Salary		Category/ Type 001	08 / 13 /	2014
Name of Federal Candidate		Support	Office Sought: House Di	strict: 00
Ms. Kay Hagan		Oppose	President Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	7	234531.81	Disbursement For:	X General
(a) SUBTOTAL of Itemized Independent Expenditure	es			132.00
			7 7	
(b) SUBTOTAL of Unitemized Independent Expend	itures)	
(c) TOTAL Independent Expenditures			·	-
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
- 9				

Schedule E)		PAGE 24 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
Carey T Henderson		08 13 2014
Mailing Address 1025 Inverness Rd		Amount
City State	Zip Code	24.30
Suthern Pines NC	28387	Transaction ID : 4bada56a-48af-4372-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	08 / 13 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Kay Hagan	X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	234531.81 Disk 2014	oursement For: Primary X General 4 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Daniel E Collison		08 13 2014
Mailing Address 3315 Cardinal Ridge Rd		00 13 2017
		Amount
City State	e Zip Code	40.00
Greensboro NC	27410	Transaction ID : ca0a1867-c0ae-4853-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 13 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Kay Hagan	∑ Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	234531.81 Dist 201	bursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	64.30
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
Ms. Emily Buchanan	[Electronically Filed] Date	08 15 2014
Signature		

Schedule E)	DENT EXICIO	HONES	PAGE 25 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	rt New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Daniel E Collison			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3315 Cardinal Ridge Rd			Amount
City	State	Zip Code	35.10
Greensboro	NC	27410	Transaction ID: 3750d4a7-92a1-4c8f-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		234531.81	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Elizabeth DeMaine			08 13 2014
Mailing Address 75 Stephenson Ln			Amount
City	State	Zip Code	25.00
Sheridan	AR	72143	Transaction ID : 771010a6-ae5b-4bb6-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		57151.09	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		60.10
			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)	ENT EXILIN	SHORES	PAGE 26 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee Elizabeth DeMaine			Date of Public Distribution/Dissemination
Mailing Address 75 Stephenson Ln			08 13 2014 Amount
City	State	Zin Codo	14.10
Sheridan	AR	Zip Code 72143	Transaction ID : a7175594-cd88-402d-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		57151.09	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination
Mailing Address 8822 Apple St			08 13 2014 Amount
Cit	01-1-	7'- 0-1-	40.00
City New Orleans	State LA	Zip Code 70188	40.00 Transaction ID : c1effb1c-0b4a-4e66-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		94906.66	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		54.10
(b) SUBTOTAL of Unitemized Independent Exp	enditures		
			4 4
(c) TOTAL Independent Expenditures			>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 27 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Joesph P Pthierfelder			Date of Public Distribution/Dissemination
Mailing Address 2411 Armstrong			08 13 2014 Amount
City	State	Zip Code	90.00
Gastonia	NC	28054	Transaction ID : defa934f-d80e-4534-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	234531.81	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Carmen Maddrey			Date of Public Distribution/Dissemination
Mailing Address			08 / 13 / 2014
Mailing Address 2043 Nottingham Ln			Amount
City	State	Zip Code	80.00
Burlington	NC	27215	Transaction ID: 68288f64-6227-4b2b-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	234531.81	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expen	ditures		. ▶ 170.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		
(4, 332.33.4.3.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4			7 7
(c) TOTAL Independent Expenditures			>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 15 2014
Signature			

Schedule E)	DEITI EXI EITE	TIONES	PAGE 28 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Carmen Maddrey			08 / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
Mailing Address 2043 Nottingham Ln			Amount
City	State	Zip Code	36.00
Burlington	NC	27215	Transaction ID: 439e2c97-03b4-49de-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	234531.81	Disbursement For:
Full Name of Payee	_		Date of Public Distribution/Dissemination
Jeffrey Hampton			08 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1700 E Part Ave			Amount
City	State	Zip Code	32.50
Searcy	AR	72149	Transaction ID : 7ce6baa9-1798-482f-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 13 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		57151.09	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expe	nditures		68.50
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			>
	andidate or authorize		not made in cooperation, consultation, or concert feither, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
y			

Schedule E)	neo	PAGE 29 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	M / D = D / Y = Y = Y
Full Name of Payee Jeffrey Hampton		Public Distribution/Dissemination
Mailing Address 1700 E Part Ave	Amoun	08 13 2014 t
`	Code	18.27 ction ID : d78fdcf7-e419-4254-9
		Disbursement or Obligation
Purpose of Expenditure Mileage Ca		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought:	House District: 00
Mr. Mark L Pryor	X Oppose Presider	nt Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 5715	Disbursement 2014 Ott	For: Primary ⊠ General
Full Name of Payee		f Public Distribution/Dissemination
Caleb Craig	M	08 13 2014
Mailing Address 1410 Bushville drive	Amoun	
City State Zip	Code	80.00
1	645 Transac	tion ID: b65b1c2f-7f1b-43e0-9 f Disbursement or Obligation
Purpose of Expenditure Salary Ca		08 13 2014
Name of Federal Candidate	Support Office Sought	: House District: 00
Ms. Kay Hagan	X Oppose Preside	NO NO
Calendar Year-To-Date Per Election for Office Sought	Disbursement 2014 Ott	For: Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	······	98.27
(b) SUBTOTAL of Unitemized Independent Expenditures	······································	7 1 7 1 7
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	7 7 7
Under penalty of perjury I certify that the independent expenditures repo with, or at the request or suggestion of, any candidate or authorized con party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically	Filed] Date 08	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Caleb Craig	08 13 2014
Mailing Address 1410 Bushville drive	ount
City State Zip Code	6.90
Lenoir NC 28645 Tra	Insaction ID : 2d0a94e4-ef6d-43d9-a te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08
Name of Federal Candidate Support Office Sou	ıght: House District: 00
Mc Kay Hagan	sident State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 234531.81 Disbursem 2014	
	Other (specify)
Full Name of Payee Barbara E Spritz	te of Public Distribution/Dissemination
Mailing Address 3346 Durham St Ext	08 13 2014 nount
City State Zip Code	10.00
Burlington NC 27217 Tran	nsaction ID : e4496532-6ba7-4882-a
Purpose of Expenditure Salary Category/ Type 001	te of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Kay Hagan Ms. Kay Hagan Pres	
Calendar Year-To-Date Per Election for Office Sought Disbursem 234531.81	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	16.90
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	/ D D / Y Y Y Y Y Y Y 2014
Signature	

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OF

Schedule E)	OI MOLI ENDLI	TI EXI END			PAGE 31 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In F					FEC IDENTIFICATION NUMBER ▼
Women Speak Out	PAC				C C00530766
Check if 24-hour report	X 48-hour report	New rep	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Name of Payee Barbara E Spritz					of Public Distribution/Dissemination
Mailing Address 3346 Du	 rham St Ext				08 / 13 / 2014
				Amou	nt
City Burlington		State NC	Zip Code 27217		36.00 action ID : f68f9008-3404-4be6-a
Purpose of Expenditure Mileage			Category/ Type 002		of Disbursement or Obligation 08
Name of Federal Candida	ite		Support	Office Sough	t: District: 00
Ms. Kay Hagan				Preside	
Calendar Year-To-Dat Per Election for Offic		, , ,	234531.81	Disbursemen 2014 O	t For:
Full Name of Payee Donald Dessauer					of Public Distribution/Dissemination
Mailing Address 1804 A	Auburn Ave			Amou	
City		State	Zip Code		20.00
Metaire		LA	70003	Transa Date	oction ID : e49edf36-2297-42c2-b of Disbursement or Obligation
Purpose of Expenditure Salary			Category/ Type 001	N	08 / 13 / 2014
Name of Federal Candida	ite		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu			Oppose	Preside	
Calendar Year-To-Da Per Election for Offic		, ,	94906.66	Disbursemen 2014 O	t For: Primary
(a) SUBTOTAL of Itemized	d Independent Expenditu	res			56.00
(b) SUBTOTAL of Unitemi.	zed Independent Expend	litures		•	7 1 7 1 7
(c) TOTAL Independent Ex	kpenditures			· .	7 1 7 1 7
	suggestion of, any candid	late or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily Buch	nanan	[Electron	nically Filed] Date	e 08	15 2014
Signature					

· · · · · · · · · · · · · · · · · ·	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on Amends repo
Full Name of Payee	Date of Public Distribution/Dissemination
Donald Dessauer	08 13 2014
Mailing Address 1804 Auburn Ave	Amount
City State	Zip Code 2.10
Metaire LA	70003 Transaction ID : 167a5b0d-ba1e-420e-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 08 / 13 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee Nicole N Ball Mailing Address 2528 Mill Creek Rd	Date of Public Distribution/Dissemination M M / D J J V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	
City State Newport NC	Zip Code 20.00 28570
Purpose of Expenditure Salary	Category/ Type 001 Date of Disbursement or Obligation 08 / Date of Disbursement or Obligation 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	22.10
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	······································
	nditures reported herein were not made in cooperation, consultation, or concert uthorized committee or agent of either, or (if the reporting entity is not a political
	[Electronically Filed] Date 08 15 2014
Signature	

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OF

Schedule E)	XI ENDITORIES	PAGE 33 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report file	ed on Man / Dab / Yayayay
Full Name of Payee Nicole N Ball		Date of Public Distribution/Dissemination
Mailing Address 2528 Mill Creek Rd		08 13 2014 Amount
City Sta Newport N		12.00 Transaction ID : de7a8a57-ab8b-4915-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	08 / 13 / Y 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	234531.81 Dist	bursement For: Primary
Full Name of Payee Tracy M Hargett Mailing Address 5133 Lord Bryon Road		Date of Public Distribution/Dissemination M
City Sta	ate Zip Code	50.00
Wilmington	C 28405	Transaction ID : 0c162103-6007-4a34-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 13 / 2014
Name of Federal Candidate	Support Offi	ce Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	234531.81 Dist	bursement For: Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	62.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee or agent of eith	
Ms. Emily Buchanan	[Electronically Filed] Date	08 15 2014
Signature	_	

Schedule E)	ITONES	PAGE 34 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New rep	ort Amends report fil	ed on Mam / Dad / Yayayay
Full Name of Payee Tracy M Hargett		Date of Public Distribution/Dissemination
Mailing Address 5133 Lord Bryon Road		08 13 2014
		Amount
City State	Zip Code	18.60
Wilmington	28405	Transaction ID: ac82b8a5-af37-4b19-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Of	fice Sought: House District: 00
Ms. Kay Hagan	X Oppose	President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Dis 234531.81 20	sbursement For: Primary X General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Barbara A Williams		08 / 13 / 2014
Mailing Address 3002 Darden Rd		Amount
Apt A		Amount
City State Greensboro NC	Zip Code 27407	Transaction ID : 327e83c2-a211-4490-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 13 / 2014
Name of Federal Candidate	Support Of	fice Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary X General 114 Other (specify) ▶
<u>, l</u>		
(a) SUBTOTAL of Itemized Independent Expenditures	·····	118.60
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······································	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	ically Filed] Date	08 15 2014
Signature		

Sche	edule E)	L /(L /(L)	1101120			PAGE 35 OF 78 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				_	ENTIFICATION NUMBER ▼
Woı	men Speak Out PAC				C	000530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends rep	oort filed on	M = M /	D = D / Y = Y = Y
	ull Name of Payee Andrea L Hammond			Date	M - M /	Distribution/Dissemination
Ma	ailing Address 12920 Kneeland Ln			Amo	08 ount	13 2014
Ci	itv	State	Zip Code			20.00
	leosho	MO	64850			D: a4571e21-2853-4eef-a
	urpose of Expenditure Salary		Category/ Type 001		M M /	13 / 2014
Na	ame of Federal Candidate		Support	Office Sou	ght:	House District:00
M	fr. Mark L Pryor		X Oppose		ident X	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	57151.09	Disburseme 2014	ent For: [Other (spe	Primary
	ull Name of Payee Andrea L Hammond			Dat	e of Public	Distribution/Dissemination
M	lailing Address 12920 Kneeland Ln			Am	ount	
Ci	ity	State	Zip Code			6.60
	Neosho	МО	64850	Tran Dat	saction ID e of Disbur	: c8fbe70a-9df5-411f-a rsement or Obligation
	urpose of Expenditure Mileage		Category/ Type 002		08 /	13 / 2014
	ame of Federal Candidate		Support	Office Sou	ight:	House District: 00
M	/Ir. Mark L Pryor		X Oppose	Pres	sident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , ,	57151.09	Disbursem 2014	ent For: Other (spe	Primary ☐ General
(a)	SUBTOTAL of Itemized Independent Expenditures	3		▶	7	26.60
(b)	SUBTOTAL of Unitemized Independent Expenditu	ıres		··· · [1 1 4 1 1 4 1
(c)	TOTAL Independent Expenditures			···· •	7	
with	der penalty of perjury I certify that the independen n, or at the request or suggestion of, any candidate ty committee) any political party committee or its a	e or authorized				
	Ms. Emily Buchanan	[Electron	nically Filed] Dat	te 08	/ 15	2014
	Signature					

Schedule E)	INT EXICINE	TI OTILO	PAGE 36 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Mattie Harris			08 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3654 Tara St			Amount
City	State	Zip Code	30.00
springdale	AR	72762	Transaction ID: 0884e9bc-12a3-46d6-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		57151.09	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Mattie Harris			08 13 2014
Mailing Address 3654 Tara St			Amount
City	State	Zip Code	8.10
springdale	AR	72762	Transaction ID : f3315a11-b322-4cfe-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 13 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	57151.09	Disbursement For: Primary General
(a) SUBTOTAL of Itemized Independent Expendi	tures		38.10
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		>
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Schedule E)	VI EXI END	TIONES	PAGE 37 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Aaron Credeur			08 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 234 East Musique Rd			Amount
City	State	Zip Code	50.00
Carencro	LA	70520	Transaction ID : 21168a8b-901e-401f-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 13 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	94906.66	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	_		Date of Public Distribution/Dissemination
Aaron Credeur			08 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 234 East Musique Rd			Amount
City	State	Zip Code	20.40
Carencro	LA	70520	Transaction ID : a22d3a6f-845d-43b4-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 13 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	94906.66	Disbursement For: Primary ☐ General 2014 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditu	res		> 70.40
(b) SUBTOTAL of Unitemized Independent Expendent	litures		. >
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	DENT EXICID	ITORES	<u> </u>	PAGE 38 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour repo	rt New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
David M Bozeman			M M /	13 / 2014
Mailing Address 768 Pine Haven Drive			Amount	
City	State	Zip Code		10.00
Fayetteville	NC	28306		: cf459ac1-6ec6-411a-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 /	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	;	234531.81	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
David M Bozeman			M M /	13 / 2014
Mailing Address 768 Pine Haven Drive			Amount	
City	State	Zip Code		0.90
Fayetteville	NC	28306		: f7c61d39-689d-4613-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		234531.81	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expe	enditures			10.90
(,,			7	
(b) SUBTOTAL of Unitemized Independent E	xpenditures)	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any oparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 15	2014
<u> </u>				

Schedule E)	LIVI EXI EIVE	TIONES	PAGE 39 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Cory Bryson			08 / 13 / 2014
Mailing Address 216 Dogwood Ln			Amount
City	State	Zip Code	65.00
Belmont	NC	28012	Transaction ID : d3ebf3ef-f724-490c-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 13 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	,,,,,	234531.81	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Cory Bryson			08 13 2014
Mailing Address 216 Dogwood Ln			Amount
City	State	Zip Code	18.00
Belmont	NC	28012	Transaction ID : a5c80eed-68df-414b-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 13 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		234531.81	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		83.00
(b) SUBTOTAL of Unitermized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 15 2014
•			

Schedule E)	LIVI EXI LIVE	TIONES	<u> </u>	PAGE 40 OF 78 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public I	Distribution/Dissemination
Francesca Blom			08	13 / 2014
Mailing Address 101 Asbury Ct			Amount	
City	State	Zip Code		80.00
Winchester	VA	22602		: 2ed48f7a-c66f-420c-a ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 /	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,.,	234531.81	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public I	Distribution/Dissemination
Tammay Williams			08	13 / 2014
Mailing Address 924 N. Prieur St			Amount	
City	State	Zip Code		60.00
New Orleans	LA	70116		7ad6921d-9ed4-46a2-8 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		94906.66	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expen	ditures		•	140.00
			7	7 -
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•	4
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee of	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 15	2014
- 3				

Schedule E)	L/ (. L.(.)	101120		PAGE 41 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	*M / D * D / Y * Y * Y * Y
Full Name of Payee			Date o	of Public Distribution/Dissemination
Tammay Williams			M	08 / 13 / 2014
Mailing Address 924 N. Prieur St			Amour	nt
City	State	Zip Code	- [13.50
New Orleans	LA	70116		action ID: b5ff2d06-b6cf-41de-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		08 13 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		94906.66	Disbursement 2014 Ot	For: Primary X General
Full Name of Payee			Date of	of Public Distribution/Dissemination
Lily Green				08 13 2014
Mailing Address 205 Medallion Circle			Amour	للنبا لنا لت
		- ,		
1 '	State LA	Zip Code 71119	Transa	70.00 ction ID : a2f9d9c0-d5a3-4fb9-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	08 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		94906.66	Disbursement 2014 Of	t For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures			· [83.50
(b) SUBTOTAL of Unitemized Independent Expenditures	es			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / / 08	15 2014
Signature				

Schedule E)	LIVI EXI EN	DITORILO	PAGE 42 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lily Green			08 / 13 / 2014
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	12.60
Shreveport	LA	71119	Transaction ID: 9b48b7ee-833c-408f-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 13 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		94906.66	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lesley Lennox			08 13 2014
Mailing Address 2305 Cleary Ave			Amount
City	State	Zip Code	25.00
Metairie	LA	70001	Transaction ID : b8375b4f-9d2f-4a10-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 13 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		94906.66	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		. ▶ 37.60
(b) CURTOTAL of Unitersized Independent Fundamental	un aliku una n		
(b) SUBTOTAL of Unitemized Independent Expe	enaitures		•
(c) TOTAL Independent Expenditures			>
	didate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.9			

Schedule	E)	II EXI END			PAGE 43 OF 78 FOR SE OF FORM 24/48
	OMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	X New rep	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y = Y
Full Nam	e of Payee			Date	of Public Distribution/Dissemination
	y Lennox				08
Mailing A	ddress 2305 Cleary Ave			Amou	nt
City		State	Zip Code		2.70
Metairie		LA	70001		action ID: 841767e0-58eb-4454-b of Disbursement or Obligation
Purpose Mileage	of Expenditure		Category/ Type 002		08 / 13 / 2014
Name of	Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary	/ L Landrieu		Oppose	Preside	ent X Senate State: LA
	endar Year-To-Date Election for Office Sought	, , ,	94906.66	Disbursemen 2014 O	t For:
	e of Payee			Date	of Public Distribution/Dissemination
James	s Tatro				08 13 2014
Mailing A	ddress 1208 Braeburn Rd				
				Amou	nt
City		State	Zip Code		60.00
Charlott	-	NC	28211	Transa Date	oction ID: 9981af3e-45a2-4f28-a of Disbursement or Obligation
Purpose Salary	of Expenditure		Category/ Type 001		08 / 13 / 2014
Name of	Federal Candidate		Support	Office Sough	nt: House District:00
Ms. Kay	Hagan		X Oppose	Presid	ent Senate State: NC
	endar Year-To-Date Election for Office Sought	, , ,	234531.81	Disbursemer 2014 C	nt For:
(a) SUBT	OTAL of Itemized Independent Expenditur	es		•	62.70
(b) SUBT	OTAL of Unitemized Independent Expendi	tures		•	7 1 7 1 7 1
(c) TOTAI	Independent Expenditures			•	7
with, or at	nalty of perjury I certify that the independent the request or suggestion of, any candida mittee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M = M / 9 08	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signatu	ire				

Schedule E)		101120		PAGE 44 OF 78 FOR SE OF FORM 24/48
	MMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women S	peak Out PAC				C C00530766
	4 40 40	No. 1		M file d a s	-M / D D / Y Y Y Y
Check if2	4-hour report X 48-hour re	eport New repo	ort Amends repo	ort filed on	
Full Name James				М	of Public Distribution/Dissemination
Mailing Add	lress 1208 Braeburn Rd			Amour	08 13 2014 nt
City		State	Zip Code		3.30
Charlotte		NC	28211		action ID : c190dec2-b782-49cb-b of Disbursement or Obligation
Purpose of Mileage	Expenditure		Category/ Type 002		08 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of F	ederal Candidate		Support	Office Sought	t: House District: 00
Ms. Kay Ha	agan		X Oppose	Preside	ent Senate State: NC
	dar Year-To-Date ection for Office Sought	2	34531.81	Disbursement 2014 Ot	t For: Primary X General
Full Name				Date of	of Public Distribution/Dissemination
Stephai	nie L Heun			М	08 13 2014
Mailing Add	dress 8026 S Wilwood Dr Ap	t 101		Amou	
				Amou	
City		State	Zip Code	ــــــــــــــــــــــــــــــــــــــ	35.00
Oak Creek		WI	53154	Date of	ction ID: 74e7f091-9d9e-41af-a of Disbursement or Obligation
Purpose of Salary	Expenditure		Category/ Type 001	M	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of F	ederal Candidate		Support	Office Sough	t: House District:00
Ms. Kay H	agan		Oppose	Preside	ent Senate State: NC
	dar Year-To-Date ection for Office Sought		234531.81	Disbursement 2014 O	t For: Primary X General ther (specify) ▶
(a) SUBTO	AL of Itemized Independent E	xpenditures		•	38.30
(b) SUBTO	AL of Unitemized Independen	t Expenditures		• •	7 1 7 1 4
(c) TOTAL	ndependent Expenditures			•	7
with, or at th		ny candidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	Ms. Emily Buchanan	[Electroni	cally Filed] Date	9 08	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature					

Schedule E)				PAGE 45 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-h	our report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Eric J Smith				c Distribution/Dissemination
Mailing Address 4967 Dysartville			08	13 2014
			Amount	
City		Zip Code		80.00
Morganton	NC	28655		ID: cde68658-0167-4d8e-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	13 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	234531.81	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee				ic Distribution/Dissemination
Jennifer E Smith			M M M	13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4967 Dysartsville	Rd			10 2014
			Amount	
City	State	Zip Code		80.00
Morganton	NC	28655	Transaction I Date of Disb	D: 4dfc7b7e-1e86-4411-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	13 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		234531.81	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independ	ent Expenditures		. •	160.00
(b) SUBTOTAL of Unitemized Indepe	ndent Expenditures		•	1 1 4 1 1 4 1
(c) TOTAL Independent Expenditures			•	1 1 2 1 2 1
Under penalty of perjury I certify that with, or at the request or suggestion party committee) any political party co	of, any candidate or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	08 / 15	2014
Signature				

Schedule E)	DEIVI EXI EIVE	TIONES	PAG FOR	iE 46 OF 78 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTI	FICATION NUMBER ▼
Women Speak Out PAC			C C005	30766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on	D / Y = Y = Y
Full Name of Payee			Date of Public Dist	ribution/Dissemination
Jennifer E Smith				13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4967 Dysartsville Rd			Amount	
City	State	Zip Code		9.00
Morganton	NC	28655	Transaction ID: 8f Date of Disburseme	fde9e13-9da4-45bd-8 ent or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		13 / 2014
Name of Federal Candidate		Support	Office Sought: Ho	ouse District: 00
Ms. Kay Hagan		X Oppose	President X Se	enate State: NC
Calendar Year-To-Date Per Election for Office Sought		234531.81	Disbursement For: 2014 Other (specify)	Primary General
Full Name of Payee			Date of Public Dist	tribution/Dissemination
Diane Smith				13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4006 Wolkswalk Place			Amount	
City	State	Zip Code		30.00
Raleigh	NC	27610	Transaction ID: 4b Date of Disbursem	72e3d1-754c-4a81-a ent or Obligation
Purpose of Expenditure Salary		Category/ Type 001		13 / 2014
Name of Federal Candidate		Support	Office Sought: Ho	ouse District: 00
Ms. Kay Hagan		Oppose	President Se	
Calendar Year-To-Date Per Election for Office Sought		234531.81	Disbursement For: 2014 Other (specify)	Primary X General ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures			39.00
			4	7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•	45
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / D D /	2014

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed of	on Mam / Dab / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Diane Smith	08 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 4006 Wolkswalk Place	Amount
ŀ	City State Zip Code	3.60
	•	Transaction ID : 8c2989e2-21dd-43bf-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	08 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disburs 234531.81 Disburs 2014	sement For: Primary
	Full Name of Payee Christopher Marquess Mailing Address 110 W Pecan St	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	City State Zip Code	65.00
	Ville Platte LA 70586	Fransaction ID: 2fc8bd62-ea28-4e5b-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	08 / 13 / 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA State:
	Calendar Year-To-Date Per Election for Office Sought Disbur 2014	sement For:
((a) SUBTOTAL of Itemized Independent Expenditures	68.60
((b) SUBTOTAL of Unitemized Independent Expenditures	
((c) TOTAL Independent Expenditures	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
١	Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date Signature	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Oignaturo ————————————————————————————————————	

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OF

Schedule E)	iiti EXI END	, i i di Lo		PAGE 48 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
			M	M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	
Full Name of Payee Christopher Marquess			Date of F	Public Distribution/Dissemination
Mailing Address 110 W Pecan St			08	
			Amount	
City	State	Zip Code		30.90
Ville Platte	LA	70586		tion ID : a76e202e-bf79-4737-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 08	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		94906.66	Disbursement F 2014 Othe	or: Primary X General or (specify) ▶
Full Name of Payee			Date of I	Public Distribution/Dissemination
Cassidy Quartararo			08	
Mailing Address 632 Cameron Court				
			Amount	
City	State	Zip Code		55.00
Kenner	LA	70065	Transacti Date of I	on ID: c6f5a94f-7d50-4c43-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 08	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought		94906.66	Disbursement F 2014 Othe	for:
(a) SUBTOTAL of Itemized Independent Expendi	tures		•	85.90
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· •	47 1 47 1 47 1
(1) TOTAL Independent Europhitures				
(c) TOTAL Independent Expenditures			· •	77. 17. 17.
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canoparty committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan	[Electro	nically Filed] Date		15 2014
Signature		_		

Schedule E)	ZIVI EXI END	77.01120		PAGE 49 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				M / D D / Y Y Y
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	, , , , , , , , , , , , , , , , , , , ,
Full Name of Payee Cassidy Quartararo			Date of	Public Distribution/Dissemination
Mailing Address 632 Cameron Court				08 / 13 / 2014
3 3 44 44 032 Cameron Court			Amount	
City	State	Zip Code		9.66
Kenner	LA	70065		ction ID: 884981b3-7821-4819-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		08 / 13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		94906.66	Disbursement 2014 Oth	For: Primary ⊠ General er (specify) ►
Full Name of Payee			Date of	Public Distribution/Dissemination
Petrina Williams				08 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3007 Darden Rd				2011
			Amoun	t
City	State	Zip Code		60.00
Greensboro	NC	27407	Transac Date of	tion ID: ef9a38da-a3ee-4794-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		8 / 13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presider	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		234531.81	Disbursement 2014 Oth	For: Primary X General ner (specify) ►
(a) SUBTOTAL of Itemized Independent Expen	ditures		•	69.66
(b) SUBTOTAL of Unitemized Independent Exp	penditures		. •	
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorize			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / / 08	15 2014
Signature				

Schedule E)	EXI EIID	TOTILO		PAGE 50 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo	rt filed on	M / D D / Y B Y B Y B Y
Full Name of Payee Petrina Williams				f Public Distribution/Dissemination
Mailing Address 3007 Darden Rd				08 13 2014
				04.50
	State NC	Zip Code 27407		34.50 action ID: e39a7dfa-a1da-4627-9 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Kay Hagan		X Oppose	Preside	NO.
Calendar Year-To-Date Per Election for Office Sought	2	34531.81	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee Gregory Green			M	f Public Distribution/Dissemination
Mailing Address 2506 Bolch Street			Amour	nt
City	State	Zip Code		40.00
	LA	71104	Transac Date of	ction ID: 27cf5351-b9e7-4800-b f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		08 / 13 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	nt X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		94906.66	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				74.50
(b) SUBTOTAL of Unitemized Independent Expenditures	es			
(c) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	08 /	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report N	lew report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Gregory Green	08 / 13 / 2014
Mailing Address 2506 Bolch Street	Amount
City State	Zip Code 15.60
Shreveport LA	71104 Transaction ID : a03e92a9-fea1-459b-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 08 13 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Reagan Brackett Mailing Address 502 E Center Ave	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y ON Amount
City State	Zip Code 40.00
Searcy AR	72143 Transaction ID : f26ee147-be5e-4006-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 08 / 13 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	55.60
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	······································
	nditures reported herein were not made in cooperation, consultation, or concert thorized committee or agent of either, or (if the reporting entity is not a political
	Electronically Filed] Date 08 15 2014
Signature	

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OF

Schedule E)	VI EXI END	TIONES		PAGE 52 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Amelia Brackett			Date of Public	Distribution/Dissemination
			08	13 / 2014
Mailing Address 804 Roundabout Circle			Amount	
City	State	Zip Code		40.00
Searcy	AR	72143		D: 3b9e5524-7e50-4db4-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 /	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	234531.81	Disbursement For: 2014 Other (spe	Primary ☐ General
Full Name of Payee			Date of Public	Distribution/Dissemination
Amelia Brackett			M M /	13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 804 Roundabout Circle			Amount	
City	State	Zip Code		8.46
Searcy	AR	72143		: 12096f31-299b-4bcf-b rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	234531.81	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	res			48.46
			1 1 1	
(b) SUBTOTAL of Unitemized Independent Expendent	itures		•	7
(c) TOTAL Independent Expenditures)	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	08 / D D D 15	2014

Schedule E)	I LAFLIND	ITONES		PAGE 53 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D D / Y Y Y Y
Full Name of Payee Patrice Wolfe			Date of Public	Distribution/Dissemination
Mailing Address 9909 Treasure Hill Rd			08 Amount	13 2014
			Timodili	
City	State	Zip Code		20.00
Little Rock	AR	72205		D: d6413c7e-dc57-4446-b rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	_	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	57151.09	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	: Distribution/Dissemination
Patrice Wolfe			08 /	13 / 2014
Mailing Address 9909 Treasure Hill Rd			Amount	
City	State	Zip Code		3.60
Little Rock	AR	72205		: 11ebb738-d364-471b-9 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 /	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	57151.09	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditure:	S			23.60
			7	7 4
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	08 / 15	2014
Signature				

Schedule E)	PAGE 54 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
Francis Richardson	blic Distribution/Dissemination
Mailing Address 220 Doucet Rd Amount	13 2014
	05.00
	35.00 In ID: 68ac0f50-abf1-44da-a sbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001 08	13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Mary L Landrieu	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (: Primary X General
Full Name of Payee Francis Richardson Date of Pu	blic Distribution/Dissemination
Mailing Address 220 Doucet Rd Amount	13 2014
	3.00 ID: 3c44abda-77cd-4aee-a sbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Mary L Landrieu	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2014 Other	:
(a) SUBTOTAL of Itemized Independent Expenditures	38.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coope with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08 15	

Schedule E)	IVI EXI EIVE	TI OTILO	PAGE 55 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination
Mailing Address 6412 Osage Dr			08 13 2014 Amount
			7.11.00.11.
City	State	Zip Code	60.00
North Little rock	AR	72116	Transaction ID : 3d6907da-7618-45e1-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	57151.09	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Kenny Wallis			08 13 2014
Mailing Address 6412 Osage Dr			Amount
City	State	Zip Code	10.68
North Little rock	AR	72116	Transaction ID : 419fffa7-a06d-401f-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 13 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	57151.09	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		70.68
,,			7 7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		· •
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08
Signature			

Schedule E)		TOTILO		PAGE 56 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				ENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Tylan S Green			M = M /	Distribution/Dissemination
Mailing Address 2320 Saint Nick Dr			08 Amount	13 2014
City	State	Zip Code		50.00
New Orleans	LA	70131		D: 4c8cf31f-bece-44e9-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 /	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , , 2	34531.81	Disbursement For: [2014 Other (spe	Primary
Full Name of Payee Tylan S Green				Distribution/Dissemination
Mailing Address 2320 Saint Nick Dr			08	13 2014
2320 Saint Nick Di			Amount	
City	State	Zip Code		11.40
New Orleans	LA	70131		: c1741c34-7bc3-4f80-a rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	234531.81	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	9S		·	61.40
(b) SUBTOTAL of Unitemized Independent Expendit	ures		· • • • • • • • • • • • • • • • • • • •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	08 / 15	2014

Schedule E)	JENT EXILINE	TIONES	PAGE 57 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ralph Smith			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2090 Fancy Gap Rd			Amount
City	State	Zip Code	60.00
Mt. Airy	NC	27030	Transaction ID: 097dc0ac-6cd1-4ac4-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		234531.81	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Ralph Smith			08 13 2014
Mailing Address 2090 Fancy Gap Rd			Amount
City	State	Zip Code	56.49
Mt. Airy	NC	27030	Transaction ID : cab9b8a7-f4a3-402c-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 13 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		234531.81	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		. ▶ 116.49
(b) SUBTOTAL of Unitemized Independent Ex	oenditures		•
(c) TOTAL Independent Expenditures			
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 15 7 2014

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Michael Vidrine	08 13 2014
	Mailing Address 1103 West Wilson Street	Amount
	City State Zip Code	75.00
	Ville Platte LA 70586	Transaction ID : 7c204b4e-cf2d-40b9-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ırsement For: Primary X General
		Other (specify)
	Full Name of Payee Michael Vidrine	Date of Public Distribution/Dissemination
	Mailing Address 1103 West Wilson Street	08 13 2014 Amount
	City State Zip Code	30.60
	Ville Platte LA 70586	Transaction ID: e683e9b0-72db-46c1-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	08 / 13 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbt 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	105.60
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		8 15 2014
	Signature	

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OF

Schedule E)	LIVI EXI ENL	JII OI LE	PAGE 59 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee Elizabeth Hanks			Date of Public Distribution/Dissemination
Mailing Address 891 W. Melmar			08 13 2014 Amount
City	State	Zip Code	45.00
Fayetteville	AR	72703	Transaction ID: a307697e-3c7b-4078-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		57151.09	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Elizabeth Hanks			Date of Public Distribution/Dissemination
Mailing Address 891 W. Melmar			08 / 13 / 2014
691 W. Weiman			Amount
City	State	Zip Code	8.40
Fayetteville Purpose of Expenditure	AR	72703	Transaction ID : 51344af9-b0cf-4c63-a Date of Disbursement or Obligation
Mileage		Category/ Type 002	08 / 13 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		57151.09	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		53.40
(b) SUBTOTAL of Unitemized Independent Exp	enditures		
(c) TOTAL Independent Expenditures			>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 15 2014
Signature			

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 60 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination
Mailing Address 2134 Tobaccoville Rd			08 13 2014
			Amount
City	State	Zip Code	10.00
Rural Hall	NC	27045	Transaction ID : be22b206-e647-466c-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	234531.81	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Mr. Roger McKinney			08 13 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 308 West Main Street			Amount
City	State	Zip Code	84.50
Pilot Mountian	NC	27041	Transaction ID : 7a98c7d4-319b-40c1-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 13 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	234531.81	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		94.50
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 15 2014
Gignature			

Schedule E)	IN EXICIO	TIONES	PAGE 61 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination
Mailing Address 308 West Main Street			08 13 2014
			Amount
City	State	Zip Code	26.73
Pilot Mountian	NC	27041	Transaction ID : dfde0be3-49c4-4ff0-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-	234531.81	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Glenda McKinney			08 13 2014
Mailing Address 308 West Main Street			Amount
City	State	Zip Code	84.50
Plot Mountain	NC	27041	Transaction ID : 14d8d1db-ce64-40bd-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 13 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	234531.81	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		. 111.23
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•
(c) TOTAL Independent Expenditures			
	lidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 15 / 2014
Signature			

Schedule E)	LINDITOTILO	PAGE 62 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report fil	ed on Mam / Dab / Yayayay
Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination
Mailing Address 100 Asbury Ct		08 13 2014 Amount
City State	Zip Code	80.00
Winchester VA Purpose of Expenditure	22602 Category/	Transaction ID: 57525efa-84ac-4650-b Date of Disbursement or Obligation
Salary Name of Fodoral Constitute	Type 001	08 13 2014
Name of Federal Candidate Ms. Kay Hagan	Support Off Oppose	fice Sought: House District: 00 President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	234531.81 Dis	sbursement For: Primary X General Other (specify) ▶
Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct		Amount
City State Winchester VA	Zip Code 22602	80.00 Transaction ID : f119a95b-89c0-4aa1-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Of	fice Sought: House District: 00
Ms. Kay Hagan	Oppose	President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or at party committee) any political party committee or its agent.		
Ms. Emily Buchanan Signature	[Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
oignature	_	

Schedule E)	Moent Em Ett.	1101120		PAGE 63 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour re	port New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Lisa Booth			Date of Pub	olic Distribution/Dissemination
Mailing Address 1434 South Avenue			Amount	13 2014
City Eden	State NC	Zip Code 27288		100.00 n ID : 5369ab73-db37-4f53-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Dis	bursement or Obligation
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	234531.81	Disbursement For: 2014 Other (Primary
Full Name of Payee Lisa Booth			Date of Pul	blic Distribution/Dissemination
Mailing Address 1434 South Avenue			Amount	13 2014
City	State	Zip Code		15.90
Eden	NC	27288	Transaction Date of Dis	ID: 0cbecf95-e01a-46ca-b sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 08	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		234531.81	Disbursement For: 2014 Other (: Primary X General
(a) SUBTOTAL of Itemized Independent Ex	kpenditures		•	115.90
(b) SUBTOTAL of Unitemized Independent	Expenditures		. •	7-1-7-1-7-1
(c) TOTAL Independent Expenditures			· •	7 1 7 1 1 1 1 1
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	y candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	08 / 15	
Signature				

Schedule E)		PAGE 64 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report Nev	v report Amends report file	ed on
Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount
City State	Zip Code	80.00
Winchester VA	22602	Transaction ID: 6ef3a507-cb1d-4a53-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	ice Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	234531.81 Dis 201	Sbursement For: Primary
Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination
Mailing Address 100 Asbury Ct		08 13 2014 Amount
City State	Zip Code	80.00
Winchester VA	22602	Transaction ID : 3bb74c29-43c7-4a62-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 13 / 2014
Name of Federal Candidate	Support Off	fice Sought: House District: 00
Ms. Kay Hagan	∑ Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	234531.81 Dis	sbursement For: Primary X General 14 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	>	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expendi with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.		
	ectronically Filed] Date	08 15 2014
Signature		

Schedule E)	IN EXICIO	TIONES	PAGE 65 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jon E Conner			08 / 13 / 2014
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	70.00
Winchester	VA	22602	Transaction ID : 523ebcbe-c92d-4b8d-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 13 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-, -,	234531.81	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
ERIC TABARY			08 13 2014
Mailing Address 6101 NORA ST			Amount
City	State	Zip Code	50.00
METAIRIE	LA	70003	Transaction ID: 6539baaa-2ed0-4401-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 13 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	94906.66	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		. ▶ 120.00
(b) SUBTOTAL of Unitermized Independent Exper	nditures		
(b) SOBTOTAL OF STREETINGS INDEPONDENT EXPO	iditares		4 4
(c) TOTAL Independent Expenditures			· •
	lidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 15 7 2014
-			

Schedule E)	ENT EXILIN	SHORLS	PAGE 66 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
ERIC TABÁRY			08 / 13 / 2014
Mailing Address 6101 NORA ST			Amount
City	State	Zip Code	1.20
METAIRIE	LA	70003	Transaction ID : 6cfbbe0a-9ccd-4c82-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		94906.66	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Phillip Williams			08 13 2014
Mailing Address 3007 Darden Rd			Amount
City	State	Zip Code	90.00
Greensboro	NC	27407	Transaction ID : 7b2a4ece-277a-4611-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 13 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		234531.81	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		91.20
, ,			7 7 7
(b) SUBTOTAL of Unitemized Independent Expo	enditures		>
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 15 7 2014
J			

Sch	edule E)	L/(1 L.(15.	1101120		PAGE 67 OF 78 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C C00530766
Checl	k if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	" M / D " D / Y " Y " Y " Y
TF	Full Name of Payee Phillip Williams				of Public Distribution/Dissemination
N	Mailing Address 3007 Darden Rd			Amou	08 13 2014 nt
	Dity	State	Zip Code	-	25.80
	Greensboro	NC	27407		action ID : 9ecd63d6-9dd4-417b-b of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	M	08 / 08 / 2014
N	lame of Federal Candidate		Support	Office Sough	t: House District:00
N	Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	234531.81	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
	Full Name of Payee Beverly Williams				of Public Distribution/Dissemination
Iv	Mailing Address 3007 Darden Rd			Amou	int
C	Dity	State	Zip Code		90.00
	Greensboro	NC	27407	Transa Date	action ID : 196e103b-ce4a-44aa-8 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		08 / 13 / 2014
Ν	Name of Federal Candidate		Support	Office Sough	nt: House District:00
N	Ms. Kay Hagan		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		234531.81	Disbursemen 2014 C	nt For:
(a)) SUBTOTAL of Itemized Independent Expenditures	5			115.80
(b)) SUBTOTAL of Unitemized Independent Expenditu	ıres		-	
(c)) TOTAL Independent Expenditures			·· •	7.1.7.1.2.1
wit	nder penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidate rty committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	cically Filed] Date	e 08	15 2014
	Signature				

Schedule E)	JENT EXICITE	TIONES	PAGE 68 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lee R Carter			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3110 Brentwood Rd			Amount
City	State	Zip Code	90.00
Raleigh	NC	27604	Transaction ID : cc6b1239-14b8-48eb-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		234531.81	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lee R Carter			08 13 2014
Mailing Address 3110 Brentwood Rd			Amount
City	State	Zip Code	12.60
Raleigh	NC	27604	Transaction ID : 3d4092ef-c059-472c-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		234531.81	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		102.60
, , ,			7 7
(b) SUBTOTAL of Unitemized Independent Exp	oenditures		>
(c) TOTAL Independent Expenditures			>
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	ENT EXILIN	JII OI LO	PAGE 69 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee Taylor N Randall			Date of Public Distribution/Dissemination
Mailing Address 2002 E Park Ave			08 / 13 / 2014
Apt 40			Amount
City	State	Zip Code	60.00
Searcy	AR	72143	Transaction ID : c6ae10f5-bf59-41c6-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 13 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		57151.09	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Darius Beverly			08
Mailing Address 157 Bishop Drive			Amount
City	State	Zip Code	40.00
Avondale	LA	70094	Transaction ID : 24bdc767-2fc1-46be-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		94906.66	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expendent	ditures		100.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures		>
			75.
(c) TOTAL Independent Expenditures			>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 15 2014
Signaturo			

Schedule E)	LXI LIIDI	101120		PAGE 70 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo	rt filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee Shelbi L Randall			Date of	Public Distribution/Dissemination
Mailing Address 202 East Park Ave Apt 40			Amount	8 13 2014
1 '	tate AR	Zip Code 72143		60.00 Etion ID : 9fc06b81-d6b8-4c3f-8
Purpose of Expenditure Salary		Category/ Type 001	Date of 0	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought		57151.09	Disbursement F 2014 Othe	For: Primary X General er (specify) ▶
Full Name of Payee Shelbi L Randall			Date of	
Mailing Address 202 East Park Ave Apt 40			Amount	
City	tate	Zip Code		13.88
Searcy	AR	72143		ion ID : edf27efc-ce5c-420a-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	O	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought		57151.09	Disbursement I 2014 Oth	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	73.88
(b) SUBTOTAL of Unitemized Independent Expenditures	3		· .	
(c) TOTAL Independent Expenditures			·	7 1 7 1 7
Under penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan Signature	[Electroni	cally Filed] Date		15 / 2014

Sched	lule E)	I EXI END			PAGE 71 OF 78 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	nen Speak Out PAC				C C00530766
<u> </u>	· □ · · · · · · · · · · · · · · · · · ·				M - M / D - D / Y - Y - Y
Check is		New repo	ort Amends repo	ort filed on	
	Name of Payee s. Dinah Beverly			Date	e of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mai	ling Address 157 Bishop Drive			Amo	
City	,	State	Zip Code		40.00
	ondale	LA	70064		nsaction ID : 051c6f3c-c299-4450-b
	pose of Expenditure lary		Category/ Type 001		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nan	ne of Federal Candidate		Support	Office Soug	ght: House District: 00
Ms	. Mary L Landrieu		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	94906.66	Disburseme	ent For: Primary
	Name of Payee			Date	e of Public Distribution/Dissemination
M:	s. Dinah Beverly				08 13 2014
Mai	lling Address 157 Bishop Drive				
				Amo	ount
City	1	State	Zip Code		5.10
	ondale	LA	70064		saction ID : f8916390-e2e7-4b72-a e of Disbursement or Obligation
	pose of Expenditure leage		Category/ Type 002		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nar	me of Federal Candidate		Support	Office Soug	ght: House District: 00
Ms	. Mary L Landrieu		X Oppose	Presi	ident State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	94906.66	Disburseme 2014	ent For:
(a) S	SUBTOTAL of Itemized Independent Expenditure	S		·· •	45.10
(b) S	SUBTOTAL of Unitemized Independent Expenditu	ures		· • [7 1 7 1 4
(c) T	TOTAL Independent Expenditures			· [
with,	er penalty of perjury I certify that the independe or at the request or suggestion of, any candidat committee) any political party committee or its	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 08	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Si	ignature				

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 72 OF 7 FOR SE OF FORM 24/4	8 8
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	R ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	Y
Full Name of Payee			Date of Public Distribution/Dissemination	n
Chris McCoy			08 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Mailing Address 1025 Cayley Ct			Amount	
City	State	Zip Code	100.0	00
High Point	NC	27260	Transaction ID: 27221d53-be42-4950- Date of Disbursement or Obligation	8
Purpose of Expenditure Salary		Category/ Type 001	08 / 13 / 2014	Y
Name of Federal Candidate		Support	Office Sought: House District: 0	0
Ms. Kay Hagan		X Oppose	President State: No	
Calendar Year-To-Date Per Election for Office Sought	,,,,	234531.81	Disbursement For: ☐ Primary ☐ Gen 2014 ☐ Other (specify) ▶	eral
Full Name of Payee			Date of Public Distribution/Dissemination	n
Chris McCoy			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Mailing Address 1025 Cayley Ct			Amount	
City	State	Zip Code	19.80	
High Point	NC	27260	Transaction ID: 2c4a50e8-e72f-4ae9-8 Date of Disbursement or Obligation	_
Purpose of Expenditure Mileage		Category/ Type 002	08 / 13 / 2014	Y
Name of Federal Candidate		Support	Office Sought: House District:	0
Ms. Kay Hagan		Oppose	President Senate State: N	
Calendar Year-To-Date Per Election for Office Sought		234531.81	Disbursement For: Primary	eral ——
(a) SUBTOTAL of Itemized Independent Expen	ditures		119.80	J
			7 7 7	-
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
•				

Schedule E	E)		110.120		PAGE 73 OF 78 FOR SE OF FORM 24/48
	OMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC					C C00530766
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	* M / D = D / Y = Y = Y
Full Name Daniel	of Payee le McCoy	,		М	of Public Distribution/Dissemination
Mailing Ad	ddress 1025 Cayley Ct			Amour	08 13 2014 nt
City		State	Zip Code		112.50
High Poir	ıt	NC	27260		action ID : bb0d83f4-8f2e-49b8-b of Disbursement or Obligation
Purpose o Salary	of Expenditure		Category/ Type 001		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of	Federal Candidate		Support	Office Sought	t: House District: 00
Ms. Kay I	Hagan		X Oppose	Preside	ent Senate State: NC
	ndar Year-To-Date Election for Office Sought	2	234531.81	Disbursement 2014 Ot	t For: Primary X General ther (specify) ▶
	e of Payee e McCoy				of Public Distribution/Dissemination
Mailing A	ddress 1025 Cayley Ct			Amou	
City		State	Zip Code		21.90
High Poir		NC	27260		ction ID : 9e1f6fb6-adef-4b67-9 of Disbursement or Obligation
Purpose of Mileage	of Expenditure		Category/ Type 002		08 / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of	Federal Candidate		Support	Office Sough	t: House District:00
Ms. Kay I	Hagan		X Oppose	Preside	-
	ndar Year-To-Date Election for Office Sought	7	234531.81	Disbursement 2014 O	t For:
(a) SUBTO	TAL of Itemized Independent Expenditu	ıres			134.40
(b) SUBTO	PTAL of Unitemized Independent Expendent	ditures		•	
(c) TOTAL	Independent Expenditures			•	7 1 7 1 7
with, or at	alty of perjury I certify that the indepen- the request or suggestion of, any candi- nittee) any political party committee or it	date or authorized			
	Ms. Emily Buchanan	[Electron	cically Filed] Date	08 /	15 2014
Signatu	re				

Sc	hedule E)	ha 1 4 m2 .	1101120		PAGE 74 OF 78 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	Women Speak Out PAC				C C00530766
Che	Check if 24-hour report X 48-hour report New report Amends report filed on				
T	Full Name of Payee James Kindstedt			D	Date of Public Distribution/Dissemination
-	Mailing Address 5510 Dogwood Dr				08 13 2014 Amount
					10.00
	City State Winston Salem NC		Zip Code 27105		10.00 iransaction ID: 10bbb505-03ef-41dc-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Name of Federal Candidate		Support	Office S	ought: House District: 00
	Ms. Kay Hagan		Oppose		resident Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		234531.81	Disburse 2014	ement For: Primary X General Other (specify) ▶
-	Full Name of Payee James Kindstedt Mailing Address 5510 Dogwood Dr			С	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 5510 Dogwood Dr			А	Amount
	City State		Zip Code		13.86
-	Winston Salem NC		27105	Tr:	Pansaction ID: d03027e4-7068-4fae-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		08 / 13 / 2014
	Name of Federal Candidate		Support	Office S	ought: House District: 00
-	Ms. Kay Hagan		Oppose	Pr	resident X Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		234531.81	Disburse 2014	ement For: Primary
((a) SUBTOTAL of Itemized Independent Expenditures			•	23.86
(b) SUBTOTAL of Unitemized Independent Expenditures					
((c) TOTAL Independent Expenditures			·· • [
W	Under penalty of perjury I certify that the independent expervith, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent.				
	Ms. Emily Buchanan	Electron	nically Filed] Date	e 08	15 2014
	Signature				

Schedule E)	IN EXICIO	TIONES	PAGE 75 OF 78 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼	
Women Speak Out PAC C c00530766				
Check if 24-hour report X 48-hour report New report Amends report filed on				
Full Name of Payee			Date of Public Distribution/Dissemination	
Eleanor McCoy			08 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 4902 Catawba Dr			Amount	
City	State	Zip Code	87.50	
Greensboro	NC	27407	Transaction ID: 1e5395ee-cf1b-4f91-9 Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sought: House District:00	
Ms. Kay Hagan		X Oppose	President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	-, -,	234531.81	Disbursement For:	
Full Name of Payee			Date of Public Distribution/Dissemination	
Eleanor McCoy			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 4902 Catawba Dr			Amount	
City	State	Zip Code	17.10	
Greensboro	NC	27407	Transaction ID : bdae8e4b-b087-4ee8-9 Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sought: House District: 00	
Ms. Kay Hagan		Oppose	President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	7 7	234531.81	Disbursement For: Primary General 2014 General Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expendi	tures		104.60	
			7 7 7	
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	

	include Ly	FOR SE OF FORM 24/48			
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
۷۱	Vomen Speak Out PAC	C C00530766			
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y			
П	Full Name of Payee	Date of Public Distribution/Dissemination			
	Nathan Smith	08 13 2014			
	Mailing Address 1247 W Mt Comfort Rd	Amount			
	City State Zip Code	24.00			
	Fayatteville AR 72703	Transaction ID : be8a66c1-dbee-47c3-b Date of Disbursement or Obligation			
	Purpose of Expenditure Salary Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Name of Federal Candidate Support Office	e Sought: House District: 00			
	Mr. Mark L Pryor Oppose	President State: AR			
	Calcificat To Bato	ursement For: Primary X General			
	Per Election for Office Sought 5/151.09 2014	Other (specify) ▶			
	Full Name of Payee Nathan Smith	Date of Public Distribution/Dissemination			
	Mailing Address 1247 W Mt Comfort Rd	08 13 2014			
	1247 W INI COMION Ru	Amount			
	City State Zip Code	6.72			
	Fayatteville AR 72703	Transaction ID: ef5b0139-77cc-44ef-b Date of Disbursement or Obligation			
	Purpose of Expenditure Mileage Category/ Type 002	08 13 / 2014			
	Name of Federal Candidate Support Office	e Sought: House District: 00			
	Mr. Mark L Pryor Oppose	President State: AR State:			
	Calendar Year-To-Date Per Election for Office Sought Disbusyon 2014	ursement For: Primary X General Other (specify) ▶			
	(a) SUBTOTAL of Itemized Independent Expenditures	30.72			
(b) SUBTOTAL of Unitemized Independent Expenditures					
	(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	CT71	08 15 2014			
	Signature	2017			

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OF

Sch	edule E)	L/11 -1.12.	TOTILO		PAGE 77 OF 78 FOR SE OF FORM 24/48	_
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER	,
Wc	omen Speak Out PAC	C C00530766]			
Chec	Check if 24-hour report X 48-hour report New report Amends report filed on					
	Full Name of Payee Shanon Snyder				Date of Public Distribution/Dissemination	
N	Mailing Address 2701 Winifred				08 13 2014 Amount	4
	Dity	State	Zip Code	—— I	15.00	
-	Metairie	LA	70003		Transaction ID: 4a35d7cb-6b1f-4199-9 Date of Disbursement or Obligation	-
	Purpose of Expenditure Salary		Category/ Type 00	-	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Ν	Name of Federal Candidate		Support	: Office S	ought: House District: 00	
	Ms. Mary L Landrieu		X Oppose		resident Senate State: LA	_
	Calendar Year-To-Date Per Election for Office Sought		94906.66	Disburse 2014	ement For: Primary X Genera Other (specify) ▶	ıl
	Full Name of Payee Shanon Snyder			[Date of Public Distribution/Dissemination	Y
N	Mailing Address 2701 Winifred				08 13 2014 Amount	_
	City	State	Zip Code		2.40	П
- 1	Metairie	LA	70003	Tr	ransaction ID: 903b6b48-08b9-419c-9 Date of Disbursement or Obligation	
	Purpose of Expenditure Mileage		Category/ Type 00)2	08 / 13 / 2014	
١	Name of Federal Candidate		Support	t Office S	Sought: House District: 00	_
	Ms. Mary L Landrieu		Oppose		resident State: LA	_
\perp	Calendar Year-To-Date Per Election for Office Sought		94906.66	Disburs 2014	ement For:	ıl —
(a)) SUBTOTAL of Itemized Independent Expenditures.	·		}	17.40	
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c)) TOTAL Independent Expenditures			····· • []
wit	nder penalty of perjury I certify that the independent th, or at the request or suggestion of, any candidate arty committee) any political party committee or its ac	e or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed] Da	eate 08	15 2014	
	Signature					

Schedule E)	PAGE 78 OF 78 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC					
Check if 24-hour report X 48-hour report New report Amer	nds report filed on				
Full Name of Payee Theresa a Youngblood	Date of Public Distribution/Dissemination				
Mailing Address 102 S Main Street Apt A2	08 13 2014 Amount				
City State Zip Code	40.00				
Berryville VA 22611	Transaction ID : bfaf226b-2e24-4040-a Date of Disbursement or Obligation				
Purpose of Expenditure Salary Category/ Type	001 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate	pport Office Sought: House District: 00				
Ma Kaullana	pose President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought 234531.81	Disbursement For: Primary General 2014 Other (specify) ▶				
Full Name of Payee	Date of Public Distribution/Dissemination				
Shantal C Culbreath	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 4691 Hercules Lane	Amount				
City State Zip Code	80.00				
Woodbridge VA 22193	Transaction ID : dd4cc60c-697f-4056-b Date of Disbursement or Obligation				
Purpose of Expenditure Salary Category/ Type	001 08 / 12 / 2014				
Name of Federal Candidate Su	pport Office Sought: House District: 00				
	ppose President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought 234531.81	Disbursement For: Primary General				
(a) SUBTOTAL of Itemized Independent Expenditures					
(a) SOBTOTAL OF REHIRZER HIRZER HIRZER LAPERIURUIES					
(b) SUBTOTAL of Unitemized Independent Expenditures	······································				
(c) TOTAL Independent Expenditures	6055.64				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan [Electronically Filed] Signature	Date 08 / 15 / 2014				
Signaturo					